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980 NINTH STREET, 15TH FLOOR SACRAMENTO, CALIFORNIA 95814 WWW.DELTACOUNCIL.CA.GOV (916) 445-5511

Certification of Consistency Appeal Form

Use this form to:

Appeal to the Council, that a proposed Covered Action (plan, program, or project) is not consistent with the Delta Plan

For DSC Use Only

Appeal Form ID number: ______

Date Appeal Received: _____

Date Appeal Posted: _____

Note: This form has not been reviewed or approved by the Delta Stewardship Council

Section 1	Appellant(s) Profile
A. APPELLANT(S):	
Appellant Representing:	
Appellant Contact Name:	
Appellant Address:	
	City State Zip:
Appellant Contact E-mail:	@
Section 2	Covered Action Being Appealed
A. COVERED ACTION:	
Covered Action Certification ID#:	
Covered Action Title:	
Agency Subject to Appeal:	
Contact Person Subject to Appeal:	
Address of Agency Subject to Appeal:	
Covered Action Description:	City State Zip:

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Reasons Supporting Appeal

A. WHICH POLICY WAS NOT MET:

POLICY #	REASON	ATTACHMENT
		C
		C
		0
		0
		0
		C
		0
		0
		0

B. HOW IS THIS COVERED ACTION NOT CONSISTENT WITH THE CO-EQUA	L GOALS
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Provide a clear and specific detailed statement of facts on which the appeal is based including specific factual allegations, that the covered action is inconsistent with the Delta Plan. (Not to exceed 500 characters)

Please click the Attachment(s) button below to include any additional relevant documents to support the appeal.

Attachment(s)

Section 4

Appellant Certifications and Authorizations

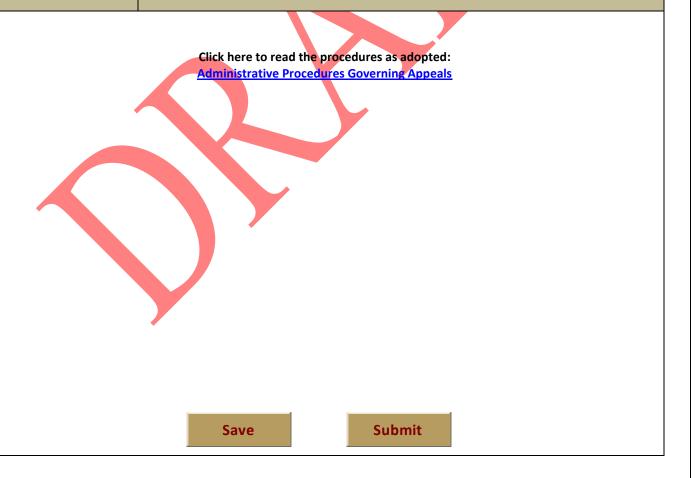
A. CERTIFICATION AND AUTHORIZATIONS:

I certify that all of the information submitted is complete and accurate to the best of my knowledge and that all attached exhibits are full, complete and correct. I certify that I understand that omitted or insufficient information can delay consideration of this appeal. I certify that this appeal for is not complete until accepted by the Council at a regularly scheduled meeting. I authorize the Council, its staff or other authorized personnel to share this information publicly and authorize their collection of other additional information relevant to this appeal.

Signature of Appellant or Appellant's representative	Date	
Printed Name	Title	

Section 5

Administrative Procedures Governing Appeals



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